



NONGAMING VENDOR EXEMPTION APPLICATION

TO BE COMPLETED BY SUPPLIERS OF \$50,000 OR GREATER BUT LESS THAN \$200,000/\$400,000 IN ANY 12 MONTH PERIOD AND NONGAMING PROVIDERS OF CONSTRUCTION-RELATED GOODS OR SERVICES WHO ARE SUBCONTRACTORS OF A LICENSED GENERAL CONTRACTOR INVOLVED IN THE CONSTRUCTION OF THE PERMANENT CASINOS, REGARDLESS OF DOLLAR AMOUNT OF BUSINESS.

See Page 3 for guidelines relating to construction suppliers.

Authority: P.A. 69 of 1997.

The MGCB reserves the right to require additional information from the supplier and/or casino at any time.

PART I GENERAL INFORMATION

1. Name of Applicant:		2. MGCB Vendor Exemption No.		3. Type of Ownership:	
4. Doing Business As (DBA):					
5. Business Address: Street:		City: County:	State/Province:	Country:	Zip:
6. Web Site Address:			7. Telephone Number: ()	Ext.	
			8. Facsimile Number: ()		
9. Email Address:		10. US Federal Employer Identification Number/Social Security Number:		11. Date business was established:	
12. Type of Business Conducted with the Casino: (Describe the goods/service(s) to be provided).				13. MGCB Business Code (Casino Use Only)	
14. Check the name of the casino to which the Supplier is providing goods/services. <input type="checkbox"/> Greentown Casino, LLC <input type="checkbox"/> MGM Grand Detroit, LLC <input type="checkbox"/> MotorCity Casino					
15. Contact Person:		Telephone Number:			Ext.

PART II BACKGROUND INFORMATION (Attach additional pages as necessary)

16. Provide complete names, addresses, birth dates, social security numbers, drivers' license numbers, including state of issuance, for those persons employed by the Supplier who signed the agreement to provide goods & services to the casino.

Name (last, first, mi)	Resident Address (street, city, state, country, zip)	Birth Date	SSN	D.L. #	State

17. Provide the percentage of ownership and complete names, addresses, birth dates or dates businesses established, social security numbers or federal employer identification numbers, drivers' license numbers, including state of issuance, for each person or entity owning 15% or more of the Supplier's business.

INDIVIDUALS					
%	Name (last, first, mi)	Resident Address (street, city, state, country, zip)	Birth Date	SSN/FEIN	D.L. # State

BUSINESSES				
%	Business Name	Business Address (street,city, state,country,zip)	Established Date	SSN/FEIN

18. Provide complete names, address, and titles of all officers and directors of the Supplier that will be providing goods and services to the casino or casino enterprise. Provide dates of birth, social security numbers, drivers' license numbers, including state of issuance.

Name (last, first, mi) and Title	Resident Address (street, city, state, country, zip)	Birth Date	SSN	D.L. #	State

19. Have any of the individuals or businesses listed in Part II, items 16, 17, and 18, been convicted of a felony, gambling related misdemeanor or a misdemeanor involving theft, fraud or dishonesty in any state? ☐ No ☐ Yes If you answered Yes, complete the following:

Name (last, first, mi or business name)	SSN/ FEIN	Date of charge or arrest	Nature of charge or arrest	Final Disposition (ie: guilty, not guilty, dismissed, etc.)	Disposition Date	Name of Court and location				
						Court	City	State	Country	Zip

20. List all other names under which Supplier or Supplier's owners, as identified in item 17, has or have done business for the last five years.										
Name:				Doing Business As (DBA) Name:				Date From: To:		
21. List all other addresses from which the Supplier is doing or has done business for the last five years. If the Supplier is presently conducting business from any of these addresses, leave the Date To field blank.										
Date From To				Address (street, city, state, country, zip)						
22. Describe any past business, not currently active, which the Supplier or any parent, intermediary or subsidiary engaged in during the last five years and the reasons for the cessation of such business.										
Name of former Business Entity:			Relation to Supplier		Date From To		Reason for cessation of former business:			
23. List the three (3) largest suppliers of goods and services to the Supplier.										
<input type="checkbox"/> N/A If checked N/A, provide explanation:										
Name				Address (street, city, state, country, zip)						

PART III CERTIFICATION:

Name of Applicant: _____

The undersigned hereby certifies that all the representations, information and data, presented in this application, are true, accurate and complete to the best of the undersigned's knowledge. *The undersigned understands that failure to answer truthfully, completely and accurately could preclude the supplier from obtaining or maintaining a supplier license or exemption. Further, the undersigned certifies that they accept and consent to the conditions, requirements and procedures outlined in MGCB Resolution 2003-07, specifically the following:*

A vendor exemption is not a license and is merely a conditional waiver of the supplier licensing requirements of the Act and Rules. In the event that the necessary conditions for exemption from supplier licensing requirements are no longer being met, the Executive Director may summarily suspend the vendor exemption and inactivate that person's vendor number if it appears that the public health, safety or welfare requires emergency action. Included in the actions or omissions that will require emergency action, but not limited to, are the following:

- 1. The termination of the contractual or business relationship with the casino licensee(s) or its subcontractor relationship;**
- 2. Material misrepresentations to the Board;**
- 3. Failure to disclose information upon request of the Board or Executive Director;**
- 4. Any noncompliance with, or violation, of the Act, the Board's administrative rules, or Board resolutions;**
- 5. Evidence that the person would not be eligible or suitable for licensure.**

If the circumstances that caused the summary suspension are corrected or ameliorated to the satisfaction of the Executive Director, he or she may reinstate the vendor exemption.

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

INDIVIDUAL SUPPLIER

Individual Signature

Print Name

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY

(Must be signed by President, CEO or Chairperson with authority to certify on behalf of the supplier)

Signature of President, CEO, or Chairperson

Print Name

Print Title

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

CONSTRUCTION-RELATED VENDORS NOTE: *Persons involved in the construction of the permanent casino complexes, performing work on the initial construction of the permanent casino complexes, are eligible to apply for exemption unless they:*

- 1. are gaming-related;*
- 2. have a direct contract and over \$200,000/\$400,000;*
- 3. are prime contractors AND over \$2,000,000 in 12 months;*
- 4. are involved in installation, operation or maintenance of cage areas, vault areas, security systems, surveillance systems, on-line gaming systems, gaming monitoring systems, and hard or soft count rooms; or*
- 5. are deemed necessary to protect the public interest and to carry out the purposes of the Act and Rules.*

Vendors that meet the above criteria are not eligible for exemption.